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Bib Data Sheet

CONFIRMATION NO. 8458

<b>SERIAL NUMBER</b> 10/773,792	<b>FILING OR 371(c) DATE</b> 02/06/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 282172002900
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/446,051 02/06/2003 and claims benefit of 60/449,153 02/21/2003  
 and claims benefit of 60/490,089 07/24/2003  
 and claims benefit of 60/511,719 10/15/2003  
 and claims benefit of 60/511,919 10/15/2003  
 and claims benefit of 60/511,869 10/15/2003  
 and claims benefit of 60/541,515 02/02/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
**\*\* 05/12/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 26	<b>TOTAL CLAIMS</b> 60	<b>INDEPENDENT CLAIMS</b> 7
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged  
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

**ADDRESS**  
25226

**TITLE**  
Listeria attenuated for entry into non-phagocytic cells, vaccines comprising the listeria, and methods of use thereof

<b>FILING FEE RECEIVED</b> 982	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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